

# ARC News

February/March 1999  
Volume 5, Issue 3

for the AIDS Resource Centre – Okanagan & Region

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### Free Income Tax Services for ARC Clients

Available after April 1, 1999  
— By appointment only —  
Phone to book an appointment with Ron

## Confidentiality and HIV/AIDS

### Your rights and responsibilities

People living with HIV/AIDS face many difficult decisions – one of these decisions is who to tell. A lot of people choose to tell their family and friends at some point. But many people also wonder if they are obliged to or supposed to tell other people such as employers and service providers. The following information deals with disclosing or telling your HIV status to the people you work with or who provide you with services. It is also about what you need to know if you are an employer or service provider and someone discloses their HIV status to you.

#### Employees and Service Users

You do not need to tell your HIV status to your employer. (There are some possible exceptions such as surgeons and firefighters). And you don't have to tell your HIV status to a person who is providing you with a service, unless the service is only for people living with HIV, such as programs from an AIDS service organization. Although you don't have to tell your employer about your HIV status, you may need to disclose medical information to enroll in the benefits plan. If you do choose to tell your employer or service provider your HIV status, they must keep this infor-

mation in strict confidence and only tell anyone else when they have your permission, in writing if possible.

The person you tell might not know that they have to keep your information confidential.

It is a very good idea for you to tell them that the information is private. It is the same for your children. In most cases, if your child is living with HIV, you do not have to tell their school or daycare, unless you want to. (There could be an argument

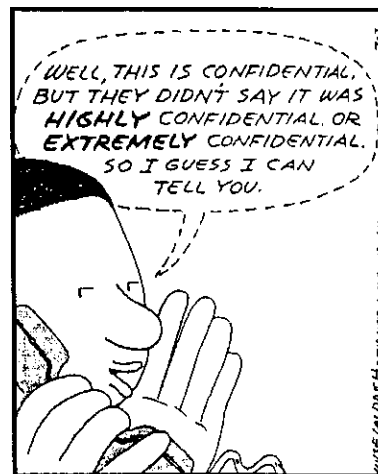
that you may be negligent in failing to tell the school or daycare in the very rare case where a child may be prone to behaviour that could reasonably risk transmission of HIV to others. Legal and medical advice specific to your child is recommended.)

#### Employers and Service Providers

You cannot ask about the HIV status of your employees or service users, unless the service provided is only for people living

with HIV. HIV is usually considered a disability and the BC Human Rights Act does not allow for discrimination on the basis of disability. If an employee or ser-

#### REAL LIFE ADVENTURES



The unmistakable sound of beans being spilled.

# PWAs and Confidentiality

Keeping tabs on the AIDS virus leaves some wondering if patient confidentiality may be breached



Michael J. Sava, Editor



This newsletter is the official publication of the AIDS Resource Centre - Okanagan & Region (ARC), formerly

Kelowna and Area AIDS Resources, Education and Support Society. It is published four to six times yearly. The materials in this newsletter are meant to be consistent with ARC purposes which are:

- to promote awareness of AIDS and related diseases
- to develop and provide resources to combat the spread of AIDS and the HIV virus
- to develop and provide educational resources
- to support those living with AIDS and those diagnosed HIV+, and/or their significant others

Even so, the opinions and comments within this newsletter are those of the authors and do not necessarily reflect official ARC policy. The newsletter does not recommend, advocate or endorse the use of any particular treatment or therapy described as information. The board, staff and volunteers of ARC do not accept the risk of, nor responsibility for any damages, costs or consequences of any kind which may arise or result from the use of information disseminated through this newsletter.

Persons using the information provided through this newsletter do so by their own decision and hold the society's Board, staff and volunteers harmless.

Submissions for publication may be sent to our offices at any time; publication deadline is two weeks prior to publication date. Submissions will be returned if a request is made in writing and an address provided. Permission to reprint and distribute this newsletter is openly encouraged.

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Internet: www.silks.net/arc/

Caring for those with HIV/AIDS means walking an ethical tightrope for many social workers today. Meaningful evaluation of the virus requires substantiating and, therefore, sharing information.

In order to be certain information is available, it is essential that records of various kinds be kept. This use of records raises concerns about confidentiality of sensitive information about clients or identification of specific clients. Use of records intrudes on the confidential nature of the worker-client relationship and it brings up the question of what is ethical disclosure of information about the client and the work with the client.

The social worker has two responsibilities if the principle of confidentiality is to be maintained: first to be sure the client is aware of the records that are to be kept and of the nature of information sharing that will be required of the worker, so client and worker can make an informed decision about the sharing of sensitive information and records are maintained and used only in ways that insure the protection of client identification and confidentiality.

Clients need to understand not only the confidential nature of their work with a social worker, but the limits of that confidentiality: that is, that information will be discussed with a supervisor or a professional team. Clients should be told what would be recorded, who would have access to their records, and how long these records will be kept. They need to know that records used in agency and program evaluation are depersonalized so identification of clients is protected. They need to know what information is shared with whom and why it is shared.

Workers also need to be sure that clients have given informed consent for the

use of information in their records. A client should not be asked to give consent when he is desperate for service, a time when making an informed decision is difficult.

It is wise for the worker to discuss the use of information at several points during the work together. If the client decides not to share information and knows the consequences of not sharing that information, then the worker should respect the client's right to withhold information to protect the client's privacy.

The sharing of information about clients often requires written consent of the client. This consent should be specific: that is, it should state the purpose for the sharing of the information and the persons with whom the information will be shared. Clients should be helped to understand their rights in signing or not signing such consents for release of information. Usually it is wise to have someone witness the client's signature. Because the release of information could become a part of a legal action, the advice of a legal expert should be obtained in developing a form for the release of information.

Workers should monitor the use of client records. Information contained in such records is their responsibility and, if misused, it is also their responsibility to alert the appropriate people to the situation. They can suggest ways in which the client's rights can be protected, such as depersonalizing information. If the improper use continues, a worker will need to decide what action needs to be taken to prevent unethical use. ◆

(from *Social Work Practice, A Generalist Approach*, Louise C. Johnson, University of South Dakota.)

## Confidentiality

... continued from page 1

vice user tells you their HIV status, you must keep this information in strict confidence.

### The "Need to Know"

Sometimes people think they need to know the HIV status of the people they are working with or providing services to. In

a residential home, for example, a staff member might think that it is important to know if anyone in the residence has HIV. But because HIV is not spread by casual contact, day-to-day living or working with an HIV positive person is not a risk, so there is no "need to know". It is a good idea to have a policy about HIV in your workplace and important that people have education about HIV. ◆

(reprinted with permission from AIDS Vancouver)

# Hello. . . My name is Michael.

I am 38 years old. I have been living with AIDS since October 1994. I was assaulted in April 1994 in Vancouver and was then diagnosed positive in October. I have been doing quite well since being diagnosed. I have had a very good doctor and I have been on just about every medicine available through St. Paul's Hospital. I have never had any really bad side effects from any of the meds I have been on.

I had a partner, David, who I would have been with coming up on 10 years in April. He sure has been a Godsend to have each and every day. He is always there for me whether I am feeling miserable or sad. He is there for a hug if I need one, and so I sure do miss him when I go away for more than three or four days. At the present time I have chosen to be single and have decided to move on with my life. I do believe I have made the right choice in doing so. I am so lucky also to have so many friends who I can phone up and talk with or go for lunch with.

Living with AIDS hasn't changed my life very much, except I can't work anymore, which is something I enjoyed. I still do the same things I have always done: cycling, hiking along trails and take long walks. I crochet afghans and try to eat a balanced meal each and every day. I try and keep a positive outlook on life and never, when I'm not feeling well, will I let it get me down because it won't help if you worry about it.

Every three months or so I get my blood tests done and a couple of times they were not getting any better but I never let these test results get me down. They are just numbers. It's all up to you, how you want to feel. If you think about life in a positive way you will most likely stay healthy for a long time. You will remain healthy and everything, despite your test results, will seem okay.

I have too much in life to live for. I have a lot of people I need to reach out to and help, and I have too many places to go and see. You have to think positively and not take things for granted. You can't think "poor me" 'cause that won't help, and it won't change your situation.

I hope I have given everyone here something to think about. Having or becoming infected with AIDS is not an automatic death sentence. Life is too precious to just give up like that. I think about all the beautiful things in life and all my wonderful friends who are

there for me each and every day. For them and for myself I am going to be strong, and I am not going to give in to this disease.

I am a fighter. ♦

**FREE WEEKLY MASSAGE**  
An Invitation from LaDonna Smith  
Registered Massage Therapist  
Massage Therapy College, Vernon  
For HIV+ Clients  
Every Wednesday in Vernon  
From January 20 to June 9, 1999  
One and a half hours/session  
During clinic hours  
(9:00 am - 4:00 pm)  
Contact LaDonna at  
(250) 558-3718

**SURF THE NET!**  
The computer in the ARC  
Library is online and  
available for clients wishing  
to surf the net.

## CHECK IT OUT!

**TALKING YELLOW PAGES**  
861-2929

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# Topher Talks ...

## A client's viewpoint

Welcome to 1999, a short time away from the new millennium. A time to celebrate, a time to reflect, a time to think about the future. Okay, I admit this all sounds cliché but it's true. What do you want from the New Year? While it might sound self-centred, 1999 is the year of ME!

What I mean by this is simple: I will only do what I want to do, and not feel guilty when I say 'no'; I will pamper myself and enjoy the year.

Why do I write this in the newsletter? I will tell you....

How can I take care of myself without support? This is where the AIDS Resource Centre comes in. Do you need somebody to talk with? The centre provides your Intake Worker and a trained counselor for the next few months; they also have peer counselors available. These are HIV+ people trained to listen and to help you find solid ground. To see any of the above just contact your Intake Worker or leave a message at the front desk. Sessions can be held at the centre or some other place where you feel safe. Counseling sessions are confidential and discreet.

Information is one of the essential ingredients in self-help. The centre has an extensive library of information. There is a drawer full of treatment information (drug information, alternative therapies, nutrition, etc.), as well as a room full of books, and audio and videotapes. These are free and available for signing out and viewing at your leisure. We have access to PARC's (Pacific AIDS Resource Center) library with up-to-date information on file. They are willing to fax information to the office.

We, as clients, need to take an active role in our future and the best way to do that is through shared information. But we must be the ones asking for the information. This goes for any other service offered by the office. Ask if you might like a home or hospital visitor to come every couple of days. When no one is visiting you might feel even more alone. The centre can arrange to have someone come to visit, play cards, or just socialize. ♦

*"We, as clients need to take an active role in our future and the best way to do that is through shared information."*

# Getting the word out there

## Has the trend towards safe sex plateaued?

"From here on in, there's increasing effort for diminishing return. So says Ed Slaughter, director of research for *Prevention Magazine*, who tracks year-to-year trends in 21 different health behaviours. As in any behaviour, you're left with the hard core, a tougher group to get to. You

Many no longer see unsafe sex as taboo. The infection rate has not dropped for three years.

hit a certain part of the population for whom behaviour changes are very difficult."

AIDS is not unique in this respect. Scientists at the US Center for Disease Control and Prevention and elsewhere have observed similar plateaus. For example:

- Smoking. Twenty-five to 30 per cent of Americans continue to smoke and find it

difficult to kick the habit even though they have tried. After a steep drop - 42 per

cent of adults smoked in 1965 compared with 25 per cent in 1990 - the rate has remained essentially unchanged for six years.

- Drinking and driving. The proportion of drinking Americans who get behind the wheel declined sharply to 17 per cent in 1995 from 30 per cent in 1983. Since then, it has barely changed.

- Diet. In recent years, surveys show Americans are gaining. They have also become less vigilant about avoiding salt, sugar, caffeine and food additives.

- Exercise. The number of Americans who exercise vigorously - 40 per cent - has remained essentially unchanged for three years, down from 74 per cent in 1983.

HIV infection has lost its stigma. There is dangerous optimism that the new Protease Inhibitors are life-saving. People hear findings of anti-viral drug trials and assume the AIDS crisis is over. Twenty-six per cent of gay men said they were less concerned about becoming HIV+ because of new treatments.

Many are influenced by the sexual lib-

eration and open discussion of skin-on-skin sex called "riding bareback." A recent study in Miami found that 45 per cent of 205 gay men interviewed had engaged in unprotected anal intercourse in the past year.

Danger has its appeal.

"People burn out with being positive. They get tired of trying to keep up. When they're under stress, they let down their guard," said Dr. Margaret Chesney of UC-San Francisco's Center for AIDS Prevention Studies. "They go for a long time, being safe most of the time," Chesney said. "But then, under stress, they say, 'I've been so good for so long, I want to let go a while.'" ♦

(from *The San Francisco Examiner*, January 5, 1998, Lisa M. Krieger)

40 000 people are still getting infected in the United States each year

## Accidental Exposure to HIV

### Early interventions and self-care

The following information provides basic guidelines when dealing with exposure to HIV. If you have been accidentally exposed to HIV, consult a physician knowledgeable in HIV/AIDS as soon as possible. The physician may prescribe medication dependent upon the type and nature of exposure. It is important to note that should drug therapy be necessary, treatment should be initiated within two hours post-exposure.

#### Percutaneous exposure

*Puncture, cut, scratch or bite with skin break and presence of blood in the assailant's mouth*

Immediately induce bleeding at the exposed site without pinching the immediate perimeter of the wound.

Wash the wound for 10 minutes with soap and tap water or an antiseptic solution, then rinse with tap water or saline solution.

#### Cutaneous exposure

*Contact with or spraying of body substances on intact or broken skin*

- Intact skin: Clean area with soap and tap water.

- Broken skin (Presence of ulceration, scratching lesions, etc): proceed as if it was a percutaneous exposure.

#### Mucous membrane exposure

*Contact with or spraying of body substances on a mucous membrane*

Immediately post-exposure, rinse the area thoroughly for 15 minutes with tap water and saline solution.

#### Written report, post-exposure

Immediately report the accident by filling in the specific form provided by your employer (where applicable).

Describe the exposure and identify characteristics of the accident (mode of exposure, body substance involved: quality and

quantity, source-patient with known/unknown serological status, etc).

#### HIV antibody test

- Talk to a counselor about HIV testing.
- If testing is indicated, proceed without delay to an initial screening test and at six weeks, three months, and six months after the accidental exposure. (In some cases no test is needed, such as contact with intact skin).

#### Follow-up period, post-exposure

- Talk about your experience with colleagues and significant others. You may wish to explore counseling from a health care professional at a specialized HIV centre or through your employee assistance program if available.

- Explore support networks in your region. Until after the 6 month follow-up period:

- Practice safe sex with your partner.
- Delay plans for pregnancy. (If you are pregnant, consult a physician knowledgeable in HIV/AIDS for available prophylactic therapies.)

- Abstain from donating any body substance (blood, sperm, ovule, bone marrow, etc.). ♦

Here it is February already and some days it seems like spring. Don't you just love Kelowna? On top of that I get to work with the best volunteers in Kelowna! I really enjoyed meeting many of you at the Volunteer Party in December. I'm still getting to know names, but I think I've done pretty well recognizing you when you've dropped by the office since then.

The Christmas Party had a good turnout. Moving right along, we've since had a receptionist/switchboard training session attended by 14 volunteers. Then we had an Emergency Care Team meeting with eight volunteers, and Michael had the Speakers Bureau people in (another 14).

We've added 12 to our volunteer roster. My favorite ORANGE person, Julie, is doing reception, Care Team, special events — all while looking for a job.

I'm looking for more volunteers for the front desk. If you can spare four hours, morning or afternoon, we'll train you on the phones. It's not so bad...ask Linda B., a new volunteer — or Stephenie, who is doing great with the computer work. Pat McGowan and Brenda Martin have taken

### ARC is in need of the following volunteers:

**THE ARC NEWSLETTER**—typing skills and desktop publishing a must.

**The Library**—Worked in a library, know cataloging, and have some spare time? This is for you!

**FILING**—A highly organized person, who is alphabetically inclined and likes to straighten out the system. We're waiting for you.

**RECEPTION**—Hey you? Can you answer the phone, be polite, field calls and manage a sometimes hectic office? We can use those skills...minimum of 4 hours a week.

**HOME/HOSPITAL TEAMS/CARE TEAMS**—Do you have a knack for helping others when they aren't doing well? Then this is the place for you!

**SPIRITUAL OUTREACH**—We're really going to overhaul this one, and if you're interested in having a say on what spiritual outreach is all about and what's it's going to look like, call and let me know.

Any other ideas, any other committees you'd like to see? What about a social club? Card and Games night for the volunteers to socialize and get to know each other? What are your needs and wants, and how can we fulfill them? ◆

## Reta's Corner...

### Volunteer opportunities at ARC

Reta Derkson  
Co-Ordinator of Volunteers



over leading the Care Team into 1999. Geoff (of the old, bald tires fame) is still going to school, as are Mia, Nicole, Tia, Crystal, Jen. My assistant, Altair, did a wonderful job here; his style and wit I really appreciate.

A few of the volunteers are sporting great haircuts ... courtesy of Rob. Looks good guys. We do have an IMAGE to uphold, you know.

At present, we have student Judy Waege here from the Tier Program on a practicum placement. We've also had Steve Durose in doing a lot of work. He's done two practicum placements with us (from the Boys and Girls Club Job Program). He's done a great job getting a database on Michael's computer. Welcome to some new volunteers: Meghan, Kelly, Erin, Tim, Tammi, Tanya (who both put this newsletter together), Dr. John, and anyone else I've forgotten to mention.

In April, it's Volunteer Appreciation Week. How about a mini-golf or pool tournament? Euchre, crib, whist or hearts, anyone? Come on, we need to have some fun, and we can show you how much we appreciate you. Give me some ideas.

On January 30, I took five volunteers to

the Orchard Park Mall for a Volunteer Appreciation night. Altair, Chris, Janet, Nicole, and Julie who do so much in this office got to go out and have an evening with other volunteers. The food was by Milestones, the wine from Mission Hill, and the guest speaker was a wonderful woman, Linda, who kept us laughing. Nicole even won a door prize!

Our thoughts and love to Bea who has recently had another loss in her family and who has gone to be with her sister for awhile. Thanks to Carell, Denise, Donna, and all the other Speakers Bureau volunteers who take time from their busy schedules to help out! Also thanks to Tracy Shandro and "congratulations" on passing your CGA exam!

This column wouldn't be complete if I didn't mention two other star volunteers: Eric, a loyal volunteer since its inception and Janet who brings love and laughter to the office. Sure glad that you're on the team.

Until next time, remember to live your life to the fullest, laugh often and much, and don't forget to tell people you care about them!

Namaste, Reta. ◆



## Core Training Grads ready to help

Congratulations to the 12 new volunteers who successfully completed Core Training February 20 and 21 in Kelowna!

# The Hummingbird Kids Society

We derive our name from the stories of British Columbia's aboriginal people: "It is said that Hummingbird cures up love as no other medicine does, and that Hummingbird feathers open the heart. If Hummingbird appears during a time of great sorrow and pain, healing will soon follow.

If Hummingbird has flown into your life, get ready to laugh musically and enjoy Creator's many gifts. Drop your judgmental attitude and relax. Follow Hummingbird and you will soon be filled with joy, and experience a renewal of the magic of living."

*Some kids don't get to blow out their first candle*

Our kids exist in a world with AIDS. For today's children, it is a different world. It is a world with HIV/AIDS. It invades a child's life in many ways:

- Children that are infected with HIV/AIDS
- Children that are affected by HIV/AIDS because it exists within their immediate families

Today, one million children are living with HIV/AIDS. The United Nations currently estimates that a cumulative total of 8.7 million children under the age of 15 have lost their mother or both parents to AIDS.

Although developments have been made in the treatment of AIDS, children's need for support is greater than ever.

## Our goals

- To develop a network of support for children infected with/affected by HIV/AIDS and their families
- To promote communication between children infected with/affected by HIV/AIDS
- To raise awareness and advocate on issues related to children living in families with HIV/AIDS.

## Where do you fit in?

If you know a child or family who you think could benefit from these services, have them contact us at:

P.O. Box 54024  
Pacific Centre North Postal Outlet  
701 Granville Street  
Vancouver, BC V7Y 1B0  
Phone: 1 604 515 6086  
e-mail: hummingbird@bc.sympatico.ca

- Become a trained volunteer supporting children and their families
- Help with fundraising
- Make a donation to support the work of The Hummingbird Kids Society. (Tax re-

ceipts issued for donations over \$10.00)

## The Sunshine Program

This program will send children and their families/caregivers/volunteers to attend various events and attractions such as the Canuck Ice Carnival, the Vancouver Aquarium, Canuck and Grizzlies games, Canadian baseball, Ice Capades, various concerts, movies, etc.

In addition, it will recognize children's birthdays with cards and gifts, provide the opportunity for Christmas family photos and send Easter and Christmas baskets.

## The Katie Becker Family Support Program

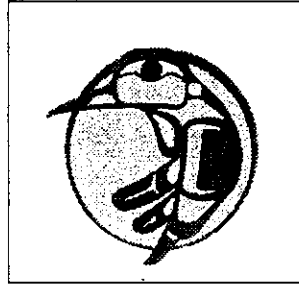
Volunteers provide ongoing and emergency help in the home and hospital. Ser-

vices might include: short-term child care; in-hospital visits and some respite and relaxation time for all family members.

Working with families to make connections to government and/or health care services and a Crisis Fund are also components of this program.

## What about the kids?

Although much has been accomplished in awareness and prevention education, much more still remains to be done: advocacy, a Speakers Bureau, miscellaneous workshops, press releases, TV and radio appearances, an Annual Children & AIDS Awareness Week and attendance at the Candlelight Vigil, AIDS walks and conferences, to name a few. There are so many ways of saying: what about the kids? ◆



## Time waits for no one

Imagine there is a bank that credits your account each morning with \$86,400. It carries over no balance from day to day. Every evening it deletes whatever part of the balance you failed to use during the day.

What would you do? Draw out every cent, of course!

Each of us has such a bank. Its name is time. Every morning, it credits you with 86,400 seconds. Every night it writes off, as lost, whatever of this you have failed to invest to good purpose.

It carries over no balance. It allows no overdraft.

Each day it opens a new account for you. Each night it burns the remains of the day. If you fail to use the day's deposits, the loss is yours. There is no going back. There is no drawing against the "tomorrow". You must live in the present on today's deposits. Invest it so as to get from it the utmost in health, happiness, and success!

The clock is running. Make the most of today. Treasure every moment that you have! And treasure it more because you shared it with someone special, special enough to spend your time. And remember that time waits for no one.

To realize the value of one year, ask a student who failed a grade.

To realize the value of one month, ask a mother who gave birth to a pre-mature baby.

To realize the value of one week, ask the editor of a weekly newspaper.

To realize the value of one hour, ask the lovers who are waiting to meet.

To realize the value of one minute, ask a person who missed the train.

To realize the value of one second, ask a person who just avoided an accident.

To realize the value of one millisecond, ask the person who won a silver medal in the Olympics.

Yesterday is history  
Tomorrow is a mystery  
Today is a gift  
That's why they call it the present!

It's National Friendship Week

Friends are a very rare jewel, indeed. They make you smile and encourage you to succeed. They lend an ear. They share a word of praise, and they always want to open their heart to us.

Show your friends how much you care....

Send this to everyone you consider a FRIEND.

If it comes back to you, then you'll know you have a friend for life.

Let's show our friends how much we appreciate them and what they mean to us. Happy Friendship Week! ◆

Aside from drug therapies, there are many other therapies that may help you repair immune damage or treat symptoms.

Be wary of claims that a therapy or treatment can cure AIDS or reverse HIV antibody status (from positive to negative). Try to inform yourself by talking with other HIV-positive people who have used the therapy or treatment you're interested in, or contact your nearest AIDS group to see if they have information.

Get in touch with qualified practitioners of complementary therapies. Ask what kind of training they've had, how long they've been practicing, and whether they have any experience with HIV. Find out how their therapies combine with other things you're doing to take care of your health. Are there side effects? How often do you get the therapy?

Complementary therapies usually aren't paid for by government or private insurance programs; you may have to pay for them yourself. So you'll need to find out how much they cost and decide if you can afford them and, if you can, whether they seem worth it.

Many complementary treatments aren't easy to find. You may have to go to a health food store or order the treatment from a buyer's club.

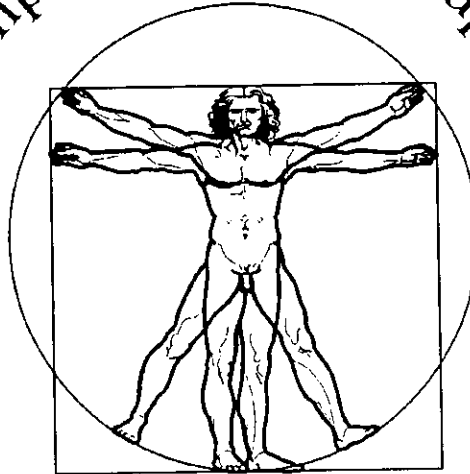
### Swedish Massage

This is the kind of massage most people know about. The massage therapist uses different techniques to massage your body in order to stimulate the circulation of your blood and loosen knotted muscles. The

kneading, stroking, pressing, and stretching that make up Swedish massage can help your joints move better and give you relief from pain,

on your head, hands, and feet that are connected to each gland and organ in your body. Through both gentle and deep pressure massage of these points, reflexologists stimulate your organs and glands.

## Complementary Therapies



Devoted to discussion of alternative approaches for coping with and treating the effects of HIV on our bodies.

stress, and tiredness. Swedish massage can also help your immune system work better by helping you relax.

### Reflexology

Reflexology comes from ancient Egyptian and Aboriginal healing traditions. It's based on the idea that there are places

### Therapeutic Touch

This is different from most other kinds of massage because, in spite of the name, the therapist does not actually touch you. Therapeutic touch is based on the belief that all living things share in a life-energy field. When you're healthy, this life energy flows freely through your body. When you get sick, the flow of energy is blocked. Therapeutic touch helps unblock the energy and bring your body back into balance. The person giving you the massage holds his or her hands about four inches from your body, and works the energy in a way that clears areas where it's blocked and spreads it to where it's needed. Many people feel energy moving throughout their bodies during a therapeutic touch massage. Many feel a warmth and heaviness in their hands and feet and feel their breathing deepening; these are signs of relaxation.

### Reiki

The word "reiki" means "universal life energy." Like therapeutic touch, reiki is based on the belief that living things share life energy. When that life energy is blocked, it results in an imbalance that may appear as illness. Unblocking the

...continued on page 8

## Missing doses has major impact on antiretroviral therapy

The therapeutic potency of a new triple-drug combination captured much of the spotlight at 1996's Vancouver AIDS Conference. Since then, the enormous difficulty PWAs have had in adhering to complex drug regimens has emerged as a major threat to the success of those therapies.

Of people who take their doses, 70 per cent maintain undetectable viral load. Of people that miss some, only 36 per cent maintain undetectable viral load. Furthermore, this may lead to treatment failure.

In May of 1998, I attended the Antiviral Academy Meeting held here in Vancouver. I was very impressed by the efforts of Dr. Margaret Chesney, professor of medicine at the University of San Francisco and co-director for the Center

for AIDS Prevention Studies, in bringing greater global attention to the adherence issue. According to Dr. Chesney, the problem of adherence needs to be put on the international agenda, side by side with actual drug development and distribution.

Two major factors need to be emphasized, says Chesney. One is patient welfare. Drugs cannot work if people do not take them as prescribed. Second is the issue of public health: non-adherence can result in drug resistant strains.

It is clear that efforts must be made at all levels to improve adherence. There are many reasons for non-adherence, including a lack of reinforcement of information given to the patient when receiving drugs, and a lack of support given to a patient to develop strategies for adherence.

What should you do to increase adherence to your treatment regimen? First, make an inventory of your lifestyle. Try to identify any problems that you may have in taking your medication properly and at the right time of the day. Second, ask your nurse, pharmacist, care giver or other support group to assist you in developing a strategy for adherence.

Your motivation to adhere to antiretroviral treatments will help you to attain a better therapeutic result. Make sure instructions are clear and that your regimen is tailored to your lifestyle.

Your strategy plan for adherence should be tailored to your lifestyle with instructions and tips that are easily understood. It's a good idea to have

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## Missing doses

... continued from page 7

them in writing so you can look them up, if needed. Consider the following when developing your strategy:

- Identify activities that serve as cues (for example, a daily TV program)
- Look for cues that fit medication intervals (bedtime, meals, etc.)

*If you forget a dose, take it as soon as you remember. However, if it is close to the time of your next dose, skip the dose and resume your schedule. Do not double your next dose because this could cause side effects.*

- Emphasize routine activities

- Identify and analyse any reason for not complying

Make sure to clarify instructions regarding your treatments in the following way:

- Get in writing the name(s) of

all drugs, and highlight the one you remember most easily

- Make a list of the exact timing of doses and number of pills to take
- Note all special instructions (for example, should a drug be taken with meals)
- Get dietary instructions for Protease Inhibitors — water, fats, with/without meals
- Check for interactions with other drugs or alternative medicines that you are taking

## Therapies

... continued from page 7

energy helps you get back into balance. A person giving you a reiki massage uses his or her hands to help channel (guide) your energy and unblock your emotions. A reiki massage may leave you feeling clam, relaxed, whole, and in balance.

### Rolling

Rolling is a method of straightening your body by working on your fascia — connective tissue surrounding muscles. Practitioners massage hard in order to move your fascia and muscles into place, balancing your posture and allowing your body to move more efficiently and freely. Rolling often releases pent-up emotions.

### Shiatsu

Shiatsu, meaning "finger pressure", is a Japanese system of massage based on

the belief that out-of-balance body energy can cause disease and tiredness, and make your immune system work less well. The therapist presses specific points on your body which connect to specific organs through lines called meridians. Pressing a certain point stimulates the organ it's connected to. Shiatsu uses the same pressure points as acupuncture, but uses the pressure of fingers, palms, and elbows instead of needles. Both shiatsu and acupuncture work to calm the energy ("qi") that flows in a continuous cycle through your body.

Be prepared for side effects. Some side effects will decrease in intensity after a few days or weeks to a manageable level. You will not have all the side effects described for a drug; each person is unique. Make sure you tell your pharmacist or caregiver about any side effects.

Here are some tips to help you to remember to take your medications on time:

- Use medsets (boxes with compartments for each day or each time)
- Use a diary
- Use an alarm (beeper)

When traveling, never put medications inside your luggage. It may get lost. Carry your medications with you all the time. (You may not return home when expected).

When you start a new regiment keep in mind that your motivation to adhere to your antiretroviral treatments is to attain a better therapeutic result in the long term from them. ◆

### Common reasons for missing doses

Just forgot .....	46 per cent
Fell asleep .....	36 per cent
Away from home .....	32 per cent
Change of routine .....	27 per cent
Too busy .....	22 per cent
Felt sick .....	11 per cent
Depression .....	9 per cent

(from *TIP News 10*, Sept/Oct 1998, Ramon Hernandez)

Trager is a form of gentle and pleasurable massage that releases tension from body joints. The Trager practitioner uses various rhythmic, rocking, and stretching movements to do this. ◆

### Trager

Trager is a form of gentle and pleasurable massage that releases tension from body joints. The Trager practitioner uses various rhythmic, rocking, and stretching movements to do this. ◆

(from *Managing Your Health: A guide for people living with HIV or AIDS*. CATIE, 1996)

# THANKS!

A limited number of movie theatre passes are available. Also, Big White and Silver Star have donated skiing passes. Please see Reta or Daryle.

We send a big THANK YOU to Big White's Michael J. Ballingall and his capable assistant, Marlene Peirson, and Silver Star's Don MacLaughlin and his assistant, Courtney, for these generous donations. If you live in the Vernon area, we can get it up to you via Terri.

### Special thanks to:

Safeway Mgr. Brian  
for Christmas oranges

Hans at Bohemian Bagel for the  
mugs which became door prizes at  
the Christmas party

The BC Telephone Pioneers for filled  
Christmas stockings for clients

Starbucks Coffee

The Kelowna Food Bank

And the students of the Okanagan  
Mission Secondary School who  
raised \$450 on World AIDS Day!

### Generous monetary and related gifts were made by:

The Unity Centre of the Okanagan

The Royal Canadian Legion #99

Our Lady of Lourdes Church

Marie Amaron

David, Beth, Vanessa and Jessica

Griffin

Pat Regnier

Prof. Victor Broz

Pamela and Robert Lee

Peter and Marilyn O'Leary

Gwen Edwards

Diana and Edward Martin

Lena Ross

Vera S.

Sherra Jones

Helen Stover Scott